PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/20/7. Cited both 1/31/20/7. Cited bo

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/066,782			ing Date 06/2002	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (a)	l	N/A	TEE (8)
┢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A		A1/A				ł		
H	(37 CFR 1.16(k), (i), (ii)			_	N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p), (N/A		N/A		N/A			N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x \$ =		OR	x s =	
(37	CFR 1.16(h))		minus 3 = * If the specification and drawing			l	x \$ =		ı	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	12/20/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 15	Minus	·· 43	= 0	1	X \$25 =	0	OR	x s =	
Z	Independent (37 CFR 1.16(h))	• 6	Minus	4	= 2	1	X \$105 =	210	OR	x s =	
AME.	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	210	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16())		Minus	••		l	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	:		x \$ =		OR	x \$ =	
띪	Application Size Fee (37 CFR 1.16(s))								1		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
	•								OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS